

# CLAIMS ONLY

Application Number

10/534,587

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1					
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
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20			1			
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50						
Total Indep	2		1			
Total Depend	18	18	19	19		
Total Claims	19		20			

*	Indep	Depend	*	Indep	Depend	*
51						
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100						
Total Indep						
Total Depend						
Total Claims						